

Form 8: Electronic "Billing" Media Addendum - Instructions

This is a Required Form

Signing it allows you to file bills electronically, either by computer or fax, to CBIS (Central Billing Information System). You may file bills electronically regularly or intermittently. For more information, refer to the Program Policy and Procedure Manual or Operations Manual: Central Billing and Information System (CBIS)

Leave the day, month, and year blank in the opening paragraph on the first page.

Enter the legal name and address of the entity. This should be the same name that is listed on Forms 5 and 6: Provider Agreement and CBIS Enrollment Forms.

Provider Signature should be the same person who signs the Provider Agreement and Enrollment forms and who is authorized to commit the entity to providing services, adhering to First Steps regulations, policies, and procedures.

The Contact Name is the person who should be contacted for First Steps billing matters. This should be the same person listed as the billing contact on Form 6: First Steps CBIS Provider Enrollment Form.

For electronic billing instructions consult the Operations Manual: Central Billing and Information System (CBIS).

Form 8: Electronic Media Addendum

This required form enables electronic bill submission to CBIS.

Leave blank

CABINET FOR HEALTH SERVICES

Form 8-FY2002
Rev. 8/01

First Steps Provider Agreement Electronic Media Addendum

This addendum to the Provider Agreement is made and entered into as of the
_____ day of _____, 20____, by and between the

Commonwealth of Kentucky, Cabinet for Health Services, hereinafter referred to as the

Cabinet, and _____

hereinafter referred to as the Provider.

Enter Name & Address of Provider



Form 8: Electronic Media Addendum

Read the form carefully before signing. **An original signature is required - do not FAX or email Form 8.**

PROVIDER	CABINET FOR HEALTH SERVICES
BY: _____	BY: _____
Signature of Provider	Signature of Authorized Official or Designee
Title: _____	Name: Eric Friedlander
Date: _____	Title: Executive Director
Telephone No.: _____	Date: _____
E-mail Address: _____	
Contact Name: _____	

Sign Here

Print Your Title & the Date

Leave blank

Print the Telephone Number, E-mail Address & Name of Contact Person listed on Provider Agreement

